UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/017,652	12/12/2001	John J. Janas III	CLCOCO P01AUS	9321

23446   7590   09/29/2008
MCANDREWS HELD & MALLOY, LTD
500 WEST MADISON STREET
SUITE 3400
CHICAGO, IL 60661

EXAMINER
RANGREJ, SHEETAL

ART UNIT	PAPER NUMBER
3626	

MAIL DATE	DELIVERY MODE
09/29/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE <u>3</u> MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.
- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on <u>03 September 2008</u>.

2a)☐ This action is **FINAL**.   2b)☒ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) <u>1-9,11-19,21 and 22</u> is/are pending in the application.

     4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) <u>1-9, 11-19, and 21-22</u> is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

     Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

     Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

     a)☐ All   b)☐ Some * c)☐ None of:

         1.☐ Certified copies of the priority documents have been received.

         2.☐ Certified copies of the priority documents have been received in Application No. _____.

         3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

     * See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1)☐ Notice of References Cited (PTO-892)

2)☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)

3)☐ Information Disclosure Statement(s) (PTO/SB/08) Paper No(s)/Mail Date _____.

4)☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____

5)☐ Notice of Informal Patent Application

6)☐ Other: _____.

DETAILED ACTION

Prosecution History Summary

1. Claims 1 and 11 are amended.

2. Claims 1-9, 11-19, and 21-22 are pending.

Continued Examination Under 37 CFR 1.114

3. A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office action has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on 09/03/2008 has been entered.

Claim Rejections - 35 USC § 112

4. The following is a quotation of the second paragraph of 35 U.S.C. 112:

    The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

5. Claims 1-9 and 21 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

    Claim 1 recites the limitation "the dialect translator." There is insufficient antecedent basis for this limitation in the claim.

Claim Rejections - 35 USC § 103

6.   The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all

obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in
> section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are
> such that the subject matter as a whole would have been obvious at the time the invention was made to a person
> having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the
> manner in which the invention was made.

7.   Claims 1-9, 11-19, and 21-22 are rejected under 35 U.S.C. 103(a) as being unpatentable

over Joao (6,283,761) in view of Campbell et al. (6,047,259) and further in view of Ryan

(5,809,476).

8.   As per claim 1, Joao teaches a medical support system including a memory for storing at

least one medical support process relating to diagnosis and treatment of a medical condition, a

processor responsive to the medical support process and to user inputs for performing the

medical support process, an input device for user inputs relating to the medical support process

and an output device for displaying the results of the medical support process to a user,

comprising:

-at least one medical record relating to a patient **(Joao: abstract; col. 11, 65 to col. 12, 17)**;

-at least one medical support database including medical guidelines for the diagnosis and

treatment of the medical condition **(Joao: col. 16, 33 to col. 18, 20)**.

        Joao, however, fails to expressly teach a medical support system including a memory for

storing at least one medical support process relating to diagnosis and treatment of a medical

condition, a processor responsive to the medical support process and to user inputs for

performing the medical support process, an input device for user inputs relating to the medical

support process and an output device for displaying the results of the medical support process to

a user, comprising:

-a <u>bi-directional</u> dialect translator for translating between medical terms displayed to and entered

by a<u>n</u> <u>individual</u> user and corresponding equivalent but different medical terms employed in the

support operations, wherein the dialect translator is capable of bi-directional translation between

medical terms displayed to and <u>bi-directionally translating the medical terms employed by the</u>

<u>support operations into the medical terms displayed and used by the individual user</u>; and

-a medical support process including at least one process phase each process phase including one

or more process operations;

-each of the process operations of a process phase including;

    -at least one process form providing an interface between a user and the process

    operations of the process phase, each process form including fields for passing user

    inputs to the process operations and for displaying the results of the process operations to

    the user; and

    -at least one support process responsive to user inputs, the medical record and the

    guidelines for performing the process operations, wherein;

        -the support processes execute an interactive dialogue between the medical

        support process and the user to provide guidance to the user in performing the

        medical support process according to the guidelines and dependent upon the user

        inputs and the medical record;

        -wherein the guidance provided to the user is capable of being overridden by the

user and wherein the <u>overridden</u> guidelines are dynamically updated <u>with a patient based guideline for the individual patient</u> based on user input <u>of the patient based guideline for the individual patient</u>.

Nevertheless, these features are old and well known in the art as evidenced by Campbell. In particular Campbell discloses a medical support system including a memory for storing at least one medical support process relating to diagnosis and treatment of a medical condition, a processor responsive to the medical support process and to user inputs for performing the medical support process, an input device for user inputs relating to the medical support process and an output device for displaying the results of the medical support process to a user, comprising:

-a medical support process including at least one process phase each process phase including one or more process operations **(Campbell: abstract; col. 1, 49 to col. 2, 42; figures 1-14)**;

-each of the process operations of a process phase including;

-at least one process form providing an interface between a user and the process operations of the process phase, each process form including fields for passing user inputs to the process operations and for displaying the results of the process operations to the user **(Campbell: abstract; col. 1, 49 to col. 2, 42; figures 1-14)**; and

-at least one support process responsive to user inputs, the medical record and the guidelines for performing the process operations, wherein **(Campbell: abstract; col. 1, 49 to col. 2, 42; figures 1-14)**;

-the support processes execute an interactive dialogue between the medical

support process and the user to provide guidance to the user in performing the

medical support process according to the guidelines and dependent upon the user

inputs and the medical record **(Campbell: abstract; col. 1, 49 to col. 2, 42;**

figures 1-14);

-wherein the guidance provided to the user is capable of being overridden by the

user and wherein the <u>overridden</u> guidelines are dynamically updated <u>with a</u>

<u>patient based guideline for the individual patient</u> based on user input <u>of the patient</u>

<u>based guideline for the individual patient</u> **(Campbell: abstract; col. 17, 8-22; col.**

18, 7-10).

Campbell, however, fails to expressly disclose a medical support system including a

memory for storing at least one medical support process relating to diagnosis and treatment of a

medical condition, a processor responsive to the medical support process and to user inputs for

performing the medical support process, an input device for user inputs relating to the medical

support process and an output device for displaying the results of the medical support process to

a user, comprising:

-a <u>bi-directional</u> dialect translator for translating between medical terms displayed to and entered

by an <u>individual</u> user and corresponding equivalent but different medical terms employed in the

support operations, wherein the dialect translator is capable of bi-directional translation between

medical terms displayed to and <u>bi-directionally translating the medical terms employed by the</u>

<u>support operations into the medical terms displayed and used by the individual user.</u>

One of ordinary skill in the art would have found it obvious at the time of the invention to combine the teachings of Campbell with the teachings of Joao with the motivation of managing medical information **(Campbell: col. 1 49-61)**.

Nevertheless, these features are old and well known in the art, as evidenced by Ryan. In particular, Ryan discloses a medical support system including a memory for storing at least one medical support process relating to diagnosis and treatment of a medical condition, a processor responsive to the medical support process and to user inputs for performing the medical support process, an input device for user inputs relating to the medical support process and an output device for displaying the results of the medical support process to a user, comprising:

-a <u>bi-directional</u> dialect translator for translating between medical terms displayed to and entered by a<u>n individual</u> user and corresponding equivalent but different medical terms employed in the support operations, wherein the dialect translator is capable of bi-directional translation between medical terms displayed to and <u>bi-directionally translating the medical terms employed by the support operations into the medical terms displayed and used by the individual user</u> **(Ryan: col. 4, 9-50)**.

One of ordinary skill in the art would have found it obvious at the time of the invention to combine the teachings of Ryan with the teachings of Campbell and Joao with the motivation that in medicine there are tens of thousands of words which express different concepts and numerous similes with different meanings **(Ryan: col.1, 11-21)**.

9. As per claim 2, Joao discloses the medical support system of claim 1, wherein a medical support process includes:

-a data phase for entering new information and reviewing historical information pertaining to the medical condition of the patient for the purposes of the medical support process **(Joao: abstract; col. 19, 64 to col. 20, 8)**; and

-an assessment phase for evaluation of the patient's present medical condition based upon the information from the data phase and the guidelines for the diagnosis and treatment of the medical condition **(Joao: abstract; col. 18, 65 to col. 19, 7; col. 24, 12 to col. 27, 8)**.

10.   As per claim 3, Joao discloses the medical support system of claim 2, wherein a medical support process further includes:

-a recommendations phase including process operations and guidelines to assist the user in determining a course of treatment for the patient **(Joao: abstract; col. 11, 65 to col. 12, 17; col. 16, 33 to col. 19, 31)**.

11.   As per claim 4, Joao discloses the medical support system of claim 1, but fails to expressly disclose wherein the process form fields include fields for the display and entry of data, text, prompts, messages and user decision options.

Nevertheless, these features are old and well known in the art, as evidenced by Campbell. In particular, Campbell discloses the medical support system of claim 1, wherein the process form fields include fields for the display and entry of data, text, prompts, messages and user decision options **(Campbell: abstract; col. 1, 61 to col. 2, 1; figures 1-14)**.

One of ordinary skill in the art would have found it obvious at the time of the invention to combine the teachings of Campbell with the teachings of Joao with the motivation of managing medical information **(Campbell: col. 1 49-61)**.

12.   As per claim 5, Joao discloses the medical support system of claim 1, but fails to

expressly disclose wherein the process form fields include process fields containing process calls

invoking corresponding support processes upon corresponding user inputs to the process fields.

        Nevertheless, these features are old and well known in the art, as evidenced by Campbell.

In particular, Campbell discloses the medical support system of claim 1, wherein the process

form fields include process fields containing process calls invoking corresponding support

processes upon corresponding user inputs to the process fields **(Campbell: abstract; col. 1, 61**

to col. 2, 1; figures 1-14).

        One of ordinary skill in the art would have found it obvious at the time of the invention to

combine the teachings of Campbell with the teachings of Joao with the motivation of managing

medical information **(Campbell: col. 1 49-61)**.

13.   As per claim 6, Joao discloses the medical support system of claim 1, but fails to

expressly disclose wherein the support operations include first support processes for invoking

second support processes dependent upon user inputs.

        Nevertheless, these features are old and well known in the art, as evidenced by Campbell.

In particular, Campbell discloses the medical support system of claim 1, wherein the support

operations include first support processes for invoking second support processes dependent upon

user inputs **(Campbell: abstract; col. 1, 61 to col. 2, 1; figures 1-14)**.

        One of ordinary skill in the art would have found it obvious at the time of the invention to

combine the teachings of Campbell with the teachings of Joao with the motivation of managing

medical information **(Campbell: col. 1 49-61)**.

14.   As per claim 7, Joao discloses the medical support system of claim 1, but fails to

expressly disclose wherein the support processes include support processes for displaying a next

process form.

Nevertheless, these features are old and well known in the art, as evidenced by Campbell.

In particular, Campbell discloses the medical support system of claim 1, wherein the support

processes include support processes for displaying a next process form **(Campbell: abstract;

col. 1, 61 to col. 2, 1; figures 1-14)**.

One of ordinary skill in the art would have found it obvious at the time of the invention to

combine the teachings of Campbell with the teachings of Joao with the motivation of managing

medical information **(Campbell: col. 1 49-61)**.

15.   As per claim 8, Joao discloses the medical support system of claim 1, but fails to

expressly disclose wherein the support processes include support processes for modifying the

information displayed in a present process form.

Nevertheless, these features are old and well known in the art, as evidenced by Campbell.

In particular, Campbell discloses the medical support system of claim 1, wherein the support

processes include support processes for modifying the information displayed in a present process

form **(Campbell: abstract; col. 1, 61 to col. 2, 1; figures 1-14)**.

One of ordinary skill in the art would have found it obvious at the time of the invention to

combine the teachings of Campbell with the teachings of Joao with the motivation of managing

medical information **(Campbell: col. 1 49-61)**.

16.   As per claim 9, Joao discloses the medical support system of claim 1, but fails to expressly disclose wherein the medical support databases reside within the support processes.

Nevertheless, these features are old and well known in the art, as evidenced by Campbell. In particular, Campbell discloses the medical support system of claim 1, wherein the medical support databases reside within the support processes **(Campbell: col. 3, 33 to col. 5, 67; figures 1-14)**.

One of ordinary skill in the art would have found it obvious at the time of the invention to combine the teachings of Campbell with the teachings of Joao with the motivation of managing medical information **(Campbell: col. 1 49-61)**.

17.   As per claim 21, Joao discloses the medical support system of claim 1, wherein user input used to override the guidance is entered in the medical record **(Joao: col. 19, 65 to col. 20, 4)**.

18.   Claims 11-19 and 22 substantially repeat the same limitation of claims 1-9 and 21, and therefore, are rejected for the same reasons given for those claims.

Response to Arguments

19.   Applicant's arguments filed for claims 1-9, 11-19, and 21-22 have been fully considered but they are not persuasive.

20.   Applicant argues that Campbell does not teach "wherein the guidance provided to the user is capable of being overridden by the user and wherein the <u>overridden</u> guidelines are dynamically updated <u>with a patient based guideline for the individual patient</u> based on user input <u>of the patient based guideline for the individual patient</u>." Campbell does teach, suggest and

otherwise discloses the aforementioned features. Applicant does not provide sufficient arguments as to the difference between the prior art and the claimed invention, therefore, Examiner maintains the rejection.

21.   Applicant argues that argues that the Office Action mistakenly attempts to equate that by clicking on a button, the user may change a listed item from recommended to required with the claimed feature of overriding the general guidance with the guidelines based on the individual patient and dynamically updating those guidelines for the individual patient. Examiner disagrees. Campbell teaches the user being able to modify the therapy (i.e. the <u>overridden</u> guidelines are dynamically updated <u>with a patient based guideline</u>).

22.   Applicant argues that nowhere does Ryan disclose or teach "a <u>bi-directional</u> dialect translator for translating between medical terms displayed to and entered by <u>an individual</u> user and corresponding equivalent but different medical terms employed in the support operations, wherein the dialect translator is capable of bi-directional translation between medical terms displayed to and <u>bi-directionally translating the medical terms employed by the support operations into the medical terms displayed and used by the individual user</u>." Examiner disagrees. Ryan teaches that as the words are compared in the dictionary, similar words are flagged in the dictionary; therefore giving the user alternatives to an entered word; therefore teaching "<u>bi-directionally translating the medical terms employed by the support operations into the medical terms displayed and used by the individual user</u>."

23.   Applicant states that the Examiner takes Official Notice. Examiner states that the Office

Action has not relied on any Official Notice to reject any of the pending claims but, instead, has

relied upon the teachings of the references as described in the above rejections.

Conclusion

24.   The prior art made of record and not relied upon is considered pertinent to applicant's

disclosure.

25.   Any inquiry concerning this communication or earlier communications from the

examiner should be directed to SHEETAL R. RANGREJ whose telephone number is (571) 270-

1368. The examiner can normally be reached on M-F 8:30-5:30.

26.   If attempts to reach the examiner by telephone are unsuccessful, the examiner's

supervisor, Jerry O'Connor can be reached on (571) 272-6787. The fax phone number for the

organization where this application or proceeding is assigned is (571) 273-8300.

27.   Information regarding the status of an application may be obtained from the Patent

Application Information Retrieval (PAIR) system. Status information for published applications

may be obtained from either Private PAIR or Public PAIR. Status information for unpublished

applications is available through Private PAIR only. For more information about the PAIR

system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private

PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you

would like assistance from a USPTO Customer Service Representative or access to the

automated information system, call 800-786-9199 (IN USA OR CANADA) or (571) 272-1000.

/SRR/
Patent Examiner
September 25, 2008

/Gerald J. O'Connor/
Supervisory Patent Examiner
Group Art Unit 3626